

DCFS Human Resources LaGov HCM REQUEST FOR POSITION SECURITY

LaGov security access is set up on a position and is then inherited by the employee when he/she is placed in the position. This form must be completed and submitted to the DCFS Human Resources Security Administrator to request security access be established, changed, or removed on a position.

Position Number:		User Name:		Personnel Number:	
Job Title:		E-mail Address:		Phone Number:	

NOTE: All previous authorizations for the position listed will be replaced by the selections indicated herein.

Action Requested:	<input type="checkbox"/> New <input type="checkbox"/> Revise <input type="checkbox"/> Remove <input type="checkbox"/> Temporary Authority (end date required)	Start Date:	
		End Date:	

LaGov HCM Authorizations							
<input type="checkbox"/> PRIMARY Time Administrator				<input type="checkbox"/> SECONDARY Time Administrator			
TA Group # (s):				TA Group # (s):			
State Office Human Resources Staff Only				Special Authorizations			
<input type="checkbox"/> Basic Employee Administration <input type="checkbox"/> Enhanced Employee Administration <input type="checkbox"/> EA Time Administration <input type="checkbox"/> Organizational Management <input type="checkbox"/> Retro Authorization				<input type="checkbox"/> Inquiry Only <input type="checkbox"/> Agency Fiscal Staff			
				Notes/Comments:			

AUTHORIZATION TO ASSIGN POSITION SECURITY			
I hereby attest that the position named above requires the LaGov HCM access as indicated on this form in order to perform assigned duties and responsibilities. I acknowledge that if any change in position access occurs, I am to immediately complete this form and submit it to the DCFS Human Resources Security Administrator.			
Requesting Official Name (printed):		Job Title:	
Requesting Official Signature:		Date:	
I hereby authorize the position named above to be granted LaGov HCM access as indicated on this form.			
Appointing Authority Name (printed):		Job Title:	
Appointing Authority Signature:		Date:	

LaGov HCM Security Administrator Use Only		
Sec Admin Name: (printed)	E-mail:	Phone #:
Sec Admin Signature:		Date of Completion: